

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

Drug Requested: (check box below that applies)

☐ **Otezla[®]** (apremilast)

☐ **Otezla XR[™]** (apremilast)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

DIAGNOSIS	Recommended Dose
<input type="checkbox"/> Adults with Active Psoriatic Arthritis (PsA)	<ul style="list-style-type: none">• Otezla[®]: Titrate to recommended dose of 30mg twice daily. 60 tablets every 30 days• Otezla XR[™]: Titrate to recommended dose of 75mg once daily. 30 tablets every 30 days

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DIAGNOSIS	Recommended Dose
<input type="checkbox"/> Pediatric members with Active Psoriatic Arthritis (PsA)	<ul style="list-style-type: none"> Otezla®: Titrate to recommended dose of 20mg orally twice daily for peds pts weighing between 20 kg to < 50 kg, and 30mg orally twice daily for peds pts weighing ≥ 50 kg. 60 tablets every 30 days Otezla XR™: Titrate to recommended dose of 75mg once daily for peds pts weighing ≥50 kg. 30 tablets every 30 days
<input type="checkbox"/> Moderate to Severe Chronic Plaque Psoriasis - who are candidates for systemic therapy or phototherapy	<ul style="list-style-type: none"> Otezla®: Titrate to recommended dose of 30mg twice daily for adults. 60 tablets every 30 days Otezla®: Titrate to recommended dose of 20mg orally twice daily for peds pts weighing between 20 kg to < 50 kg, and 30mg orally twice daily for peds pts weighing ≥ 50 kg. 60 tablets every 30 days Otezla XR™: Titrate to recommended dose of 75mg once daily for peds pts weighing >50 kg. 30 tablets every 30 days
<input type="checkbox"/> Oral Ulcers associated with Behcet's Disease	<ul style="list-style-type: none"> Otezla: Titrate to recommended dose of 30mg twice daily. 60 tablets every 30 days Otezla XR: Titrate to recommended dose of 75mg once daily. 30 tablets every 30 days

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

DIAGNOSES: Check the applicable diagnosis below or authorization will be denied.

☐ **Active Psoriatic Arthritis (PsA)**

- ☐ Member is 6 years of age or older
- ☐ Trial and failure of **TWO (2)** preferred drugs below:

<input type="checkbox"/> Humira®	<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Infliximab
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☐ **Moderate to Severe Chronic Plaque Psoriasis - who are candidates for systemic therapy or phototherapy**

- ☐ Member must meet **ONE** of the following age and diagnosis requirements:
 - ☐ Member is 18 years of age or older with plaque psoriasis
 - ☐ Member is 6 years of age or older and weighs at least 20kg with moderate to severe plaque psoriasis
- ☐ Must have a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy
- ☐ Trial and failure of **TWO (2)** preferred drugs below:

<input type="checkbox"/> Humira®	<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Infliximab
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☐ **Oral Ulcers associated with Behcet's Disease**

- ☐ Member is 18 years of age or older
- ☐ Member must have ulcers associated with Behcet's Disease

Medication being provided by Specialty Pharmacy - PropriumRx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****
****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****